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Indiana State Department of Health

AND PLAN OF CORRECTION IDENTIFICATION NUI		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER PILGRIM MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 222 PARKVIEW ST PLYMOUTH, IN 46563					
(X4) ID PREFIX TAG	(EACH DEFICIENC	JLL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health. Survey Date: 09/20/12 Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260 Surveyor: Robert Sutton, Life Safety Code Specialist Trainee At this Quality Assurance Walk-thru survey, Pilgrim Manor was found in compliance with 410 IAC 16.2-3.1-19(ff). This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors with battery operated smoke detectors in the resident rooms. The facility has a capacity of 71 and had a census of 60 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage. All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except one detached building providing laundry services with an employee break room and one post frame building being used as a maintenance shop and storage building. Quality Review by Robert Booher, Life Safety		410 of ed. oke the tors acity his ate ke ccess cility hed and	K 000				

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED			
000030						09/20/2012			
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K 000	Continued From page 1			K 000					
	Continued From page 1 Code Specialist-Medical Surveyor on 10/05/12.		12.						

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